PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Tradems Chice; U.S. Debarts of information unless it itembrary and its OMB center and unless the information unless it itembrary and its U.S. Patent and Tradems of information unless it itembrary a uniformation unless its unifo

P/	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/788,430			To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE	_	N/A	.ED	N/A		N/A	ILL (a)	ł	N/A	TLL (0)
┢	(37 CFR 1.16(a), (b), o	or (c))							ł		
片	(37 CFR 1.16(k), (i), of EXAMINATION FE		N/A	$-\!\!\!\!\!+\!\!\!\!\!\!-$	N/A		N/A		ļ	N/A	
TO	(37 CFR 1.16(o), (p), o	or (q))	N/A		N/A		N/A			N/A	
(37	CFR 1.16(i)) DEPENDENT CLAIM		minus 20 = *			H	x \$ =		OR	x s =	
	CFR 1.16(h))		minus 3 = *			l	x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))		IJ			1		
* If t	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL	
	APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY			
Ę	02/25/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
AMENDMENT	Total (37 CFR 1.16(i))	· 15	Minus	·· 21	= 0	1	X \$26 =	0	OR	x s =	
뷡	Independent (37 CFR 1.16(h))	• 3	Minus	···3	= 0	1	X \$110 =	0	OR	x s =	
M	Application Size Fee (37 CFR 1.16(s))										
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
						•	TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)						
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus		=	П	x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***		1	x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))]]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the ontry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For NT HIS SPACE is less than 30, enter "20". "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CTR 1.10. The information is required to obtain or retain a beautiful by the public which is in 56 feat by the USPTO to moderable any individual control of the property of the CTR 1.10. This collection is estimated to state 2 remained to complete is evolved in patients; and submitting the completed application form to the USPTO. Time well very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the second to sent the this CTR information Officer. U.S. Patient and Trademark Office, U.S. Department of Commence, D.O. Box 1450, Alexandrius, VA 22131-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO C. Commissioner for Patients p. P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO C. Commissioner for Patients p. P.O. Box 1450, Alexandrius, VA 22313-1450.